

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563866

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3	2					
4	2					
5	2					
6	①	-				
7	1-					
8	1-					
9	1-					
10	1-					
11	①	-				
12	①	-				
13	1-					
14	①	-				
15	1-					
16	①	-				
17	①	-				
18	①	-				
19	1					
20	1-					
21	2					
22	①	-				
23	①	-				
24	①	-				
25	1-					
26	①	-				
27	1					
28	1-					
29	1-					
30	1-					
31	1-					
32	1-					
33	1-					
34	1-					
35	1-					
36	1-					
37	1-					
38	-	1-				
39	-					
40	-					
41	-					
42	-					
43	-					
44	-					
45	-					
46	-					
47	-					
48	-					
49	-					
50	-					
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	39	←		←	←	
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						